

PLACE OF BIRTH

1. County of Yuma
 District of Rice
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Kee

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other _____

6. Legitimate?

7. Date

of birth 9-14-25
 Month Day Year

8.

FATHER

Full name

Samuel Kee

9. Residence

(Usual place of abode)

Rice

If non-resident, give place and state.

Ariz

10. Color or race

4/4 Indian11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

Rice

(State or country)

Ariz

13. Occupation

Nature of Industry

Common Laborer

14.

MOTHER

Full maiden name

Bessie Miller

15. Residence

(Usual place of abode)

Rice

If non-resident, give place and state.

Ariz

16. Color or race

4/4 Indian17. Age at last birthday 28 (Years)

18. Birthplace (city or place)

Rice

(State or country)

Ariz

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P m. on the date above stated
 (Born alive or stillborn)

Signature

Address

Dr. H. Sawyer MD

(Physician or midwife)

Filed

19

Filed

19

Local Registrar.

County Registrar.

Given name added from a supplemental report

Month, day, year

4-25-914-249

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.